

General Assembly

Raised Bill No. 5460

February Session, 2016

LCO No. 2012



Referred to Committee on PUBLIC HEALTH

Introduced by: (PH)

AN ACT CONCERNING THE ADMINISTRATION OF GLUCAGON IN SCHOOLS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Section 10-212a of the 2016 supplement to the general
- 2 statutes is repealed and the following is substituted in lieu thereof
- 3 (*Effective October 1, 2016*):

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4 (a) (1) A school nurse or, in the absence of such nurse, any other 5 nurse licensed pursuant to the provisions of chapter 378, including a 6 nurse employed by, or providing services under the direction of a local 7 or regional board of education at, a school-based health clinic, who 8 shall administer medical preparations only to students enrolled in such 9 school-based health clinic in the absence of a school nurse, the 10 principal, any teacher, licensed athletic trainer, licensed physical or 11 occupational therapist employed by a school district, or coach of 12 intramural and interscholastic athletics of a school may administer, 13 subject to the provisions of subdivision (2) of this subsection, 14 medicinal preparations, including such controlled drugs as the

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Commissioner of Consumer Protection may, by regulation, designate,

to any student at such school pursuant to the written order of a physician licensed to practice medicine, or a dentist licensed to practice dental medicine in this or another state, or an optometrist licensed to practice optometry in this state under chapter 380, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child. The administration of medicinal preparations by a nurse licensed pursuant to the provisions of chapter 378, a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, or coach shall be under the general supervision of a school nurse. No such school nurse or other nurse, principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional administering medication pursuant to this section shall be liable to such student or a parent or guardian of such student for civil damages for any personal injuries that result from acts or omissions of such school nurse or other nurse, principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional administering medication pursuant to this section in administering such preparations that may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, wilful or wanton negligence.

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(2) Each local and regional board of education that allows a school nurse or, in the absence of such nurse, any other nurse licensed pursuant to the provisions of chapter 378, including a nurse employed by, or providing services under the direction of a local or regional board of education at, a school-based health clinic, who shall administer medical preparations only to students enrolled in such school-based health clinic in the absence of a school nurse, the principal, any teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach of

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intramural and interscholastic athletics or school paraprofessional of a school to administer medicine or that allows a student to self-administer medicine, including medicine administered through the use of an asthmatic inhaler or an automatic prefilled cartridge injector or similar automatic injectable equipment, shall adopt written policies and procedures, in accordance with this section and the regulations adopted pursuant to subsection (c) of this section, that shall be approved by the school medical advisor, if any, or other qualified licensed physician. Once so approved, such administration of medication shall be in accordance with such policies and procedures.

- (3) A director of a school readiness program as defined in section 10-16p or a before or after school program exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of section 19a-77, or the director's designee, may administer medications to a child enrolled in such a program in accordance with regulations adopted by the State Board of Education in accordance with the provisions of chapter 54. No individual administering medications pursuant to this subdivision shall be liable to such child or a parent or guardian of such child for civil damages for any personal injuries that result from acts or omissions of such individual in administering such medications which may constitute ordinary negligence. This immunity shall not apply to acts or omissions constituting gross, wilful or wanton negligence.
- (b) Each school wherein any controlled drug is administered under the provisions of this section shall keep such records thereof as are required of hospitals under the provisions of subsections (f) and (h) of section 21a-254 and shall store such drug in such manner as the Commissioner of Consumer Protection shall, by regulation, require.
- (c) The State Board of Education, in consultation with the Commissioner of Public Health, shall adopt regulations, in accordance with the provisions of chapter 54, determined to be necessary by the board to carry out the provisions of this section, including, but not

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limited to, regulations that (1) specify conditions under which a coach of intramural and interscholastic athletics may administer medicinal preparations, including controlled drugs specified in the regulations adopted by the commissioner, to a child participating in such intramural and interscholastic athletics, (2) specify conditions and procedures for the administration of medication by school personnel to students, including the conditions and procedures for the storage and administration of epinephrine by school personnel to students for the purpose of emergency first aid to students who experience allergic reactions and who do not have a prior written authorization for the administration of epinephrine, in accordance with the provisions of subdivision (2) of subsection (d) of this section, and (3) specify conditions for self-administration of medication by students, including permitting a child diagnosed with: (A) Asthma to retain possession of an asthmatic inhaler at all times while attending school for prompt treatment of the child's asthma and to protect the child against serious harm or death provided a written authorization for self-administration of medication signed by the child's parent or guardian and an authorized prescriber is submitted to the school nurse; and (B) an allergic condition to retain possession of an automatic prefilled cartridge injector or similar automatic injectable equipment at all times while attending school for prompt treatment of the child's allergic condition and to protect the child against serious harm or death provided a written authorization for self-administration of medication signed by the child's parent or guardian and an authorized prescriber is submitted to the school nurse. The regulations shall require authorization pursuant to: (i) The written order of a physician licensed to practice medicine in this or another state, a dentist licensed to practice dental medicine in this or another state, an advanced practice registered nurse licensed under chapter 378, a physician assistant licensed under chapter 370, a podiatrist licensed under chapter 375, or an optometrist licensed under chapter 380; and (ii) the written authorization of a parent or guardian of such child.

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(d) (1) (A) With the written authorization of a student's parent or guardian, and (B) pursuant to the written order of a qualified medical professional, a school nurse and a school medical advisor, if any, may jointly approve and provide general supervision to an identified school paraprofessional to administer medication, including, but not limited to, medication administered with a cartridge injector, to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death.

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(2) A school nurse or, in the absence of a school nurse, a qualified school employee shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. A school nurse or a school principal shall select qualified school employees to administer such epinephrine under this subdivision, and there shall be at least one such qualified school employee on the grounds of the school during regular school hours in the absence of a school nurse. A school nurse or, in the absence of such school nurse, such qualified school employee may administer such epinephrine under this subdivision, provided such administration of epinephrine is in accordance with policies and procedures adopted pursuant to subsection (a) of this section. Such administration of epinephrine by a qualified school employee shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer such epinephrine under this subdivision unless such qualified school employee annually completes the training program described in section 10-212g. The parent or guardian of a student may submit, in writing, to the school nurse and school medical advisor, if any, that epinephrine shall not be administered to such student under this subdivision.

(3) For purposes of this subsection, (A) "cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable

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equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions, (B) "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional, and (C) "qualified medical professional" means (i) a physician licensed under chapter 370, (ii) an optometrist licensed to practice optometry under chapter 380, (iii) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or (iv) a physician assistant licensed to prescribe in accordance with section 20-12d.

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(e) (1) With the written authorization of a student's parent or guardian, and (2) pursuant to a written order of the student's physician licensed under chapter 370, a school nurse or a school principal shall select, and a school nurse shall provide general supervision to, a qualified school employee to administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death. Such authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer medication under this subsection unless (A) such qualified school employee annually completes any training required by the school nurse and school medical advisor, if any, in the administration of medication with injectable equipment used to administer glucagon, and (B) the school nurse and school medical advisor, if any, have attested, in writing, that such qualified school employee has completed such training. [, and (C) such qualified school employee voluntarily agrees to serve as a qualified school employee.] For purposes of this subsection, "injectable equipment used to administer glucagon" means an injector or injectable equipment used to deliver glucagon in an appropriate dose for emergency first aid response to diabetes. For purposes of this subsection, "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach

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or school paraprofessional.

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(f) (1) (A) With the written authorization of a student's parent or guardian, and (B) pursuant to the written order of a physician licensed under chapter 370, a school nurse and a school medical advisor, if any, shall select, and a school nurse shall provide general supervision to, a qualified school employee to administer antiepileptic medication, including by rectal syringe, to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan. Such authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer medication under this subsection unless (i) such qualified school employee annually completes the training program described in subdivision (2) of this subsection, (ii) the school nurse and school medical advisor, if any, have attested, in writing, that such qualified school employee has completed such training, (iii) such qualified school employee receives monthly reviews by the school nurse to confirm such qualified school employee's competency to administer antiepileptic medication under this subsection, and (iv) such qualified school employee voluntarily agrees to serve as a qualified school employee. For purposes of this subsection, "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional.

(2) The Department of Education, in consultation with the School Nurse Advisory Council, established pursuant to section 10-212f, and the Association of School Nurses of Connecticut, shall develop an antiepileptic medication administrating training program. Such training program shall include instruction in (A) an overview of childhood epilepsy and types of seizure disorders, (B) interpretation of individual student's emergency seizure action plan and recognition of individual student's seizure activity, (C) emergency management procedures for seizure activity, including administration techniques

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for emergency seizure medication, (D) when to activate emergency medical services and postseizure procedures and follow-up, (E) reporting procedures after a student has required such delegated emergency seizure medication, and (F) any other relevant issues or topics related to emergency interventions for students who experience seizures.

This act shall take effect as follows and shall amend the following		
sections:		
Section 1	October 1, 2016	10-212a

Statement of Purpose:

To remove the requirement that a qualified school employee voluntarily agrees to administer glucagon to a student with diabetes.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

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